



# FORECLOSURE PREVENTION COUNSELING INTAKE FORM

**CLIENT #1 (Borrower)**

**Please Print Clearly**

**Name:** \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_

City State Zip Code

**How long at this address?** \_\_\_\_\_

**Home:** ( ) - ext. \_\_\_\_\_ **Work:** ( ) - \_\_\_\_\_

**Mobile/Cell:** ( ) - \_\_\_\_\_ **Fax:** ( ) - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred Contact Type (circle one):** Home Phone Cell Phone Work Phone Email

**Social Security Number:** - - **Birth Date:** / /

**Race (please circle one):**

White Black or African American American Indian/Alaskan Native & White  
Asian Black/African American & White American Indian/Alaskan Native & Black  
Asian & White Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native

Other: \_\_\_\_\_

**Hispanic:** ..... Yes No

**Foreign Born:** ..... Yes No

**What language do you primarily speak at home?** \_\_\_\_\_

**Gender:** ..... Male Female

**Are you a Veteran:** ..... Yes No

**Marital Status (circle one):** Single Married Divorced Separated Widowed

**Current Housing Arrangement (please circle one):**

Homeowner with mortgage Rent Homeless

Homeowner with mortgage paid off Does not pay rent

**Household Type (please circle one):**

Female headed single parent household Married with dependents Single adult  
Male headed single parent household Married without dependents Two or more unrelated adults

**Annual or Monthly Family Income:** \$ \_\_\_\_\_ **# of People in House:** \_\_\_\_\_

**How many dependents (excluding dependents listed by the co-borrower)?** \_\_\_\_\_

**What ages are they?** \_\_\_\_\_

**Are there non-dependents who will be living in the home?** ..... Yes No

If yes, list below:

Relationship Age Relationship Age

**Education (please circle one):**

Below High School Diploma Two-Year College Masters Degree  
High School Diploma or Equivalent Bachelors Degree Above Masters Degree

**Are you the head of the household?** ..... Yes No

**Are you disabled?** ..... Yes No

**Are there any household family members with disabilities?** ..... Yes No

**Are you, Have you or Do you: (indicate all that apply)**

A Migrant Farm Worker? ..... Yes No  
Used services such as payday/title loans, check cashing? ..... Yes No  
Used credit cards with interest above 25%? ..... Yes No  
Currently have a checking account? ..... Yes No  
Currently have a savings account? ..... Yes No

**How Did You Hear About Us? (circle all that apply):**

Print Advertisement Government Friend Radio Flyer  
Staff/Board member Newspaper Article Realtor Walk-In Community Housing Services  
Other \_\_\_\_\_

**CLIENT #1 EMPLOYMENT Please Print Clearly**

**Primary Employer:** \_\_\_\_\_

**\*Hire Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How long have you worked for this employer?** \_\_\_\_\_

**How long have you been in profession?** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ **Status (Please Circle):** Part-Time Full-Time

**Secondary Employer:** \_\_\_\_\_

**\*Hire Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How long have you worked for this employer?** \_\_\_\_\_

**How long have you been in profession?** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ **Status (Please Circle):** Part-Time Full-Time

**CLIENT #2 INFORMATION (Co-borrower or other household member) Please Print Clearly**

**Name:** \_\_\_\_\_  
Last First MI

**Same Address as Client #1?** Yes No

**How Long at Address with Client #1?** \_\_\_\_\_

**Preferred Contact Type (circle one):** Home Phone Cell Phone Work Phone Email

**Home:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**Mobile/Cell:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Race (please circle one):**

White Black or African American American Indian/Alaskan Native & White  
Asian Black/African American & White American Indian/Alaskan Native & Black  
Asian & White Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native  
Other: \_\_\_\_\_

**Hispanic:** ..... Yes No

**Foreign Born:** ..... Yes No

**Gender:** ..... Male Female

**Are you a Veteran:** ..... Yes No

**Are you disabled?** ..... Yes No

**Education (please circle one):**

Below High School Diploma Two-Year College Masters Degree  
High School Diploma or Equivalent Bachelors Degree Above Masters Degree

**Marital Status (circle one):** Single Married Divorced Separated Widowed

**Relationship to Borrower** (circle one):  
 Spouse/Partner    Child    Sibling    Parent    Other    Relative    Relative by Marriage

**Do you have separate dependants?** Yes    No  
 What ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**CLIENT #2 EMPLOYMENT** **Please Print Clearly**

**Primary Employer:** \_\_\_\_\_  
**\*Hire Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How long have you worked for this employer?** \_\_\_\_\_  
**How long have you been in profession?** \_\_\_\_\_

*Phone:* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ *ext:* \_\_\_\_\_ *Status (Please Circle):* Part-Time    Full-Time

**Secondary Employer:** \_\_\_\_\_  
**\*Hire Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How long have you worked for this employer?** \_\_\_\_\_  
**How long have you been in profession?** \_\_\_\_\_

*Phone:* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ *ext:* \_\_\_\_\_ *Status (Please Circle):* Part-Time    Full-Time

**MONTHLY INCOME** **Please Print Clearly**

Client #1 *Gross* Monthly Income \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_  
 Income: Job 1 - \$ \_\_\_\_\_ Job 2 - \$ \_\_\_\_\_ Job 3 - \$ \_\_\_\_\_

Client #2 *Gross* Monthly Income(s) \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_  
 Income: Job 1 - \$ \_\_\_\_\_ Job 2 - \$ \_\_\_\_\_ Job 3 - \$ \_\_\_\_\_

**OTHER INCOME** **Please Print Clearly**

	CLIENT #1	CLIENT #2
Type	Monthly Gross	Monthly Gross
Alimony/Child Support		
Social Security		
Pension Income		
Public Assistance		
Dependent SSI Income		
Disability Income		
Rental Income		

**SAVINGS/INVESTMENTS** **Please Print Clearly**

**Check if applicable and the approximate value for each of the following:**

Type of account	Bank/Company
<input type="checkbox"/> Checking account \$ _____	_____
<input type="checkbox"/> Savings account \$ _____	_____
<input type="checkbox"/> Retirement account \$ _____	_____
<input type="checkbox"/> Cash \$ _____	

**LOAN INFORMATION****Please Print Clearly****1<sup>st</sup> Mortgage (Primary):**

Servicer: \_\_\_\_\_ Loan number: \_\_\_\_\_  
 Monthly payment: \$ \_\_\_\_\_ Total CURRENTLY due: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_ Notice of Default? (circle one) Yes No  
 Auction Date: \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ Fixed or Adjustable? \_\_\_\_\_ Next Adjustment Date: \_\_\_\_\_

**Loan TYPE** - Please circle all that apply:

Insured Conventional      FHA      USDA      Mobile Home Loan  
 Uninsured Conventional      VA      Assumed      Contract for Deed

**Loan TERM** in years (circle one):    40      30      20      15      5**Are taxes and insurance included in your payment (escrow)?** ..... Yes      No**If not**, are your taxes current? ..... Yes      No

is your insurance current? ..... Yes      No

**2<sup>nd</sup> Mortgage (Secondary):**

Servicer: \_\_\_\_\_ Loan number: \_\_\_\_\_  
 Monthly payment: \$ \_\_\_\_\_ Total CURRENTLY due: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_ Notice of Default? (circle one) Yes No  
 Auction Date: \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ Fixed or Adjustable? \_\_\_\_\_ Next Adjustment Date: \_\_\_\_\_

**Association Dues or 3<sup>rd</sup> Mortgage:**

Servicer: \_\_\_\_\_ Loan number: \_\_\_\_\_  
 Monthly payment: \$ \_\_\_\_\_ Total CURRENTLY due: \$ \_\_\_\_\_  
 Date of last payment: \_\_\_\_\_ Notice of Default? (circle one) Yes No  
 Auction Date: \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ Fixed or Adjustable? \_\_\_\_\_ Next Adjustment Date: \_\_\_\_\_

**DEBTS/EXPENSES****Please Print Clearly**

<b>TYPE</b>	<b>TOTAL OWED</b>	<b>MONTHLY PAYMENT</b>
Credit card 1		
Credit card 2		
Credit card 3		
Credit card 4		
Car 1		
Car 2		
Student Loan		
Family Loan		
Personal Loan		
Other		
<b>TOTAL DEBTS/EXPENSES</b>		

